## Case:19-41402-EJC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:1 of 62

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF GEORGIA		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for	Annette First name	_	First name
	example, your driver's license or passport).	Elaine Middle name		Middle name
	Bring your picture identification to your meeting with the trustee.	Easterbrook Last name and Suffix (Sr., Jr., II, III)	-	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	3		
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-5314		

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	☐ I have not used any business name or EINs.  Business name(s)  EINs
5.	Where you live		If Debtor 2 lives at a different address:
		450 Al Henderson Boulevard Apartment 3707 Savannah, GA 31419	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Chatham County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Par	t 2: Tell the Court About	our Banl	cruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are				ach, see <i>Notice Required b</i>	y 11 U.S.C. § 342(b) for Individuals Filinę ate box.	g for Bankruptcy	
	choosing to file under	■ Chapter 7 □ Chapter 11						
		☐ Chap	ter 12					
		☐ Chap						
		·						
8.	How you will pay the fee	ab ord	out how yo	ou may pay. Typical attorney is submitti	y, if you are paying the fee	eck with the clerk's office in your local co yourself, you may pay with cash, cashier half, your attorney may pay with a credit	's check, or money	
				y the fee in installnee in Installments (O		tion, sign and attach the Application for I	Individuals to Pay	
		bu ap	t is not req plies to you	uired to, waive your ur family size and yo	fee, and may do so only if you are unable to pay the fee	ion only if you are filing for Chapter 7. By your income is less than 150% of the offi in installments). If you choose this optio fficial Form 103B) and file it with your pet	cial poverty line that n, you must fill out	
9.	Have you filed for	■ No.						
	bankruptcy within the last 8 years?	☐ Yes.						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is	☐ Yes.						
	not filing this case with you, or by a business partner, or by an affiliate?	163.						
			Debtor			Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	□ No.	Go to I	ine 12.				
	residence :	Yes.	Has yo	our landlord obtaine	d an eviction judgment agair	nst you?		
				No. Go to line 12.				
				Yes. Fill out <i>Initial</i> bankruptcy petition		n Judgment Against You (Form 101A) ar	nd file it with this	

Debtor 1

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Par	Report About Any Bu	sinesses `	You Own	as a Sole Proprie	tor		
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.			
		☐ Yes.	Name	and location of bus	niness		
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name				
If you have more than one sole proprietorship, use a separate sheet and attach				te & ZIP Code			
	it to this petition.		Checi	k the appropriate bo	x to describe your business:		
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))		
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))		
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))		
				None of the above			
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines	s. If you in s, cash-fl .C. 1116(	idicate that you are ow statement, and f 1)(B).	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure		
	For a definition of small	No.	I am r	not filing under Chap	oter 11.		
	business debtor, see 11 U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.			
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.		
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention		
14.	Do you own or have any	■ No.					
	property that poses or is						
	alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?			
	public health or safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?			
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?			
					Number, Street, City, State & Zip Code		

Debtor 1

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Debtor 1
Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Par	t 6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."					
			■ No. Go to line 16b.					
			☐ Yes. Go to line 17.					
		16b.		usiness debts? Business debts are debts estment or through the operation of the bu				
			☐ No. Go to line 16c.					
			Yes. Go to line 17.					
		16c.	State the type of debts you o	owe that are not consumer debts or busine	ess debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and	■ Yes.		Do you estimate that after any exempt provailable to distribute to unsecured creditors	perty is excluded and administrative expenses ?			
	administrative expenses		■ No					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	<b>1</b> -49		□ 1,000-5,000	□ 25,001-50,000			
	you estimate that you owe?	□ 50-99		<b>5</b> 001-10,000	<b>5</b> 0,001-100,000			
	owe.	☐ 100-1		□ 10,001-25,000	☐ More than100,000			
		□ 200-9	99					
19.	How much do you	<b>\$0 - \$50,000</b>		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?	□ \$50,001 - \$100,000		□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
		□ \$100,001 - \$500,000 □ \$500,001 - \$1 million		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you	□ \$0 - \$	50.000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your liabilities to be?		001 - \$100,000	□ \$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion			
		\$100,001 - \$500,000		☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion			
		<b>□</b> \$500,	001 - \$1 million	□ \$100,000,001 - \$500 million	More than \$50 billion			
Par	t7: Sign Below							
For	you	I have ex	camined this petition, and I dec	clare under penalty of perjury that the info	rmation provided is true and correct.			
				7, I am aware that I may proceed, if eligible relief available under each chapter, and I c	e, under Chapter 7, 11,12, or 13 of title 11, shoose to proceed under Chapter 7.			
				not pay or agree to pay someone who is n e notice required by 11 U.S.C. § 342(b).	ot an attorney to help me fill out this			
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.							
		bankrupt and 357	ccy case can result in fines up	, concealing property, or obtaining money to \$250,000, or imprisonment for up to 20	or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			ette Elaine Easterbrook	Signature of Debt	or 2			
			e Elaine Easterbrook e of Debtor 1	Signature or Debt	UI			
		Executed	d on October 4, 2019	Executed on				
			MM / DD / YYYY		M / DD / YYYY			

Debtor 1

Debtor 1

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jeff Na	rmore	Date	October 4, 2019	
Signature of	f Attorney for Debtor		MM / DD / YYYY	
	4400=0			
	ore 412079			
Printed name				
NARMORI	E LAW OFFICE LLC			
Firm name				
138 Canal	Street			
Suite 508				
Pooler, GA	A 31322			
Number, Street,	, City, State & ZIP Code			
Contact phone	(912) 454-2329	Email address	jeff@nlosav.com	
412079 G	4			
Bar number & S	State		<del></del>	

### Case:19-41402-F.IC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:8 of 62 Fill in this information to identify your case: Debtor 1 **Annette Elaine Easterbrook** Middle Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 35.301.99 1c. Copy line 63, Total of all property on Schedule A/B..... 35,301.99 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 25.500.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 128,872.74 Your total liabilities 154.372.74 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 1,569.50 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 2,863.70 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Yes

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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3. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$			

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$_	26,686.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	26,686.00

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Fill in this into	ormation to identify your	case and this filing:				
Debtor 1	Annette Elaine E					
Debtor 2	First Name	Middle Name	Last Name			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT OF GEOR	GIA			
	, ,				_	
Case number						Check if this is an amended filing
						ag
Official E	orm 1061/P					
_	orm 106A/B	4				
Schedu	ıle A/B: Prop	erty				12/15
think it fits best.	Be as complete and accuratore space is needed, attach	e items. List an asset only once. If an ate as possible. If two married people at a separate sheet to this form. On the t	are filing together, both a	re equally responsible f	or supply	ring correct
Part 1: Descri	be Each Residence, Building	g, Land, or Other Real Estate You Own	or Have an Interest In			
1. Do you own o	or have any legal or equitabl	e interest in any residence, building, la	ınd, or similar property?			
■ No. Go to F	Part 2.					
☐ Yes. Wher	e is the property?					
Part 2: Descri	be Your Vehicles					
Fait 2. Descri	De Tour Verlicies					
someone else o	drives. If you lease a vehic	uitable interest in any vehicles, while, also report it on Schedule G: Exectility vehicles, motorcycles			ny vernor	es you own that
☐ No						
Yes						
0.4	Dodge			Do not deduct secu	red claims	or exemptions. Put
3.1 Make:	Ram Truck	Who has an interest in the	oroperty? Check one	the amount of any s	ecured cla	aims on Schedule D: Secured by Property.
Model: Year:	2018	Debtor 1 only  Debtor 2 only				
	nate mileage:	Debtor 1 and Debtor 2 on	lv	Current value of th entire property?		urrent value of the ortion you own?
Other inf	ormation:	At least one of the debtor	•			
		Check if this is communicated (see instructions)	ity property	\$24,000.	<u>DO</u>	\$24,000.00
O.O. Males	Toyota	What has an interest in the		Do not deduct secu	red claims	or exemptions. Put
3.2 Make:	4-Runner Ltd 2WD	Who has an interest in the	oroperty? Check one	the amount of any s	ecured cla	aims on Schedule D: Secured by Property.
Model: Year:	2003	Debtor 1 only  Debtor 2 only				
		,000 Debtor 1 and Debtor 2 on	lv	Current value of the entire property?		urrent value of the ortion you own?
Other inf	ormation:	☐ At least one of the debtors	•			-
NADA listed.	clean retail value is	Check if this is commun	lity property	\$6,875.	00	\$6,875.00
Examples: B  ■ No		TVs and other recreational vehicle onal watercraft, fishing vessels, snow				
☐ Yes						

Official Form 106A/B Schedule A/B: Property page 1

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here=>	\$30,875.00
Part 3: Describe Your Personal and Household Items  Do you own or have any legal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6. <b>Household goods and furnishings</b> Examples: Major appliances, furniture, linens, china, kitchenware  □ No	
Yes. Describe	
Dishes, family photos (in storage).	\$1,000.00
<ul> <li>7. Electronics         Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music concluding cell phones, cameras, media players, games         □ No         ■ Yes. Describe     </li> </ul>	ollections; electronic devices
Laptop computer	\$50.00
<ul> <li>B. Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, other collections, memorabilia, collectibles</li> <li>No</li> <li>Yes. Describe</li> <li>Describes: Sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments</li> <li>No</li> <li>Yes. Describe</li> <li>Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment</li> <li>No</li> <li>Yes. Describe</li> </ul>	
Ruger .380, recently purchased new	\$240.00
<ul> <li>11. Clothes</li></ul>	
Everyday clothing	\$500.00
<ul> <li>12. Jewelry         <ul> <li>Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g</li> <li>□ No</li> <li>■ Yes. Describe</li> </ul> </li> </ul>	gold, silver
Costume jewelry	\$75.00
13. Non-farm animals	

Examples: Dogs, cats, birds, horses

■ No

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	☐ Yes. Describe				
14.	Any other personal and household item ■ No □ Yes. Give specific information	ms you did not alread	y list, including any hea	alth aids you did not list	
15	Add the dollar value of all of your entering for Part 3. Write that number here			ges you have attached	\$1,865.00
Pa	rt 4: Describe Your Financial Assets				
	o you own or have any legal or equitable	e interest in any of the	following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash  Examples: Money you have in your walls  No  ☐ Yes	•		and when you file your petitic	on
17.	Deposits of money  Examples: Checking, savings, or other finstitutions. If you have multi  □ No			in credit unions, brokerage h	ouses, and other similar
	■ Yes	Insti	itution name:		
	17.1. <b>Chec</b>	king #8880 <u>We</u>	lls Fargo		\$989.18
	Savir 17.2. <b>#985</b> :	ngs Account 3 We	lls Fargo		\$1,572.81
18.	Bonds, mutual funds, or publicly trade Examples: Bond funds, investment acco		ns, money market accou	nts	
	■ No □ YesInstitution	on or issuer name:			
19.	Non-publicly traded stock and interest joint venture  ■ No	ts in incorporated and	unincorporated busine	esses, including an interest	t in an LLC, partnership, and
	☐ Yes. Give specific information about the Name of er			% of ownership:	
20.	Government and corporate bonds and Negotiable instruments include personal Non-negotiable instruments are those you	I checks, cashiers' chec	ks, promissory notes, an	d money orders.	
	Yes. Give specific information about th				
21.	Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keo  ■ No	gh, 401(k), 403(b), thrift	savings accounts, or oth	ner pension or profit-sharing p	plans
	☐ Yes. List each account separately.  Type of accounts	unt: Insti	itution name:		
22.	Security deposits and prepayments Your share of all unused deposits you ha Examples: Agreements with landlords, p  No				ies, or others
	☐ Yes	Insti	itution name or individual	l:	

Official Form 106A/B Schedule A/B: Property page 3

De	Case:19-41402-EJC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Annette Elaine Easterbrook Case number (if known)	Page:13 of 62
23.	Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)	
	■ No □ Yes Issuer name and description.	
24.	Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program (26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	am.
	■ No □ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):	
	Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exerced No	isable for your benefit
	Yes. Give specific information about them	
26.	Patents, copyrights, trademarks, trade secrets, and other intellectual property  Examples: Internet domain names, websites, proceeds from royalties and licensing agreements  No	
	☐ Yes. Give specific information about them	
27.	Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  No	r C
	☐ Yes. Give specific information about them	
M	oney or property owed to you?	Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed to you	
	■ No □ Yes. Give specific information about them, including whether you already filed the returns and the tax years	
29.	Family support  Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property se  ■ No	ettlement
	☐ Yes. Give specific information	
30.	Other amounts someone owes you  Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation benefits; unpaid loans you made to someone else	ation, Social Security
	■ No □ Yes. Give specific information	
31.	Interests in insurance policies  Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance	е
	<ul><li>■ No</li><li>□ Yes. Name the insurance company of each policy and list its value.</li></ul>	
	Company name:  Beneficiary:	Surrender or refund value:
32.	Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receiv someone has died.	re property because

## 3

■ No

 $\hfill \square$  Yes. Give specific information..

# 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment *Examples:* Accidents, employment disputes, insurance claims, or rights to sue

☐ Yes. Describe each claim.......

Del	Case:19-41402-EJC D	oc#:1 Filed:10	/04/19	Entered:10/04/19 15:39:4	1 Page:14 of 62
ı	Other contingent and unliquidated cl No Yes. Describe each claim	aims of every nature,	including c	ounterclaims of the debtor and right	s to set off claims
I	Any financial assets you did not alre  No Yes. Give specific information	ady list			
36.	Add the dollar value of all of your e for Part 4. Write that number here				\$2,561.99
Par	5: Describe Any Business-Related Prop	erty You Own or Have an	Interest In. I	List any real estate in Part 1.	
	Oo you own or have any legal or equitable No. Go to Part 6. Yes. Go to line 38.	interest in any business-	related prop	erty?	
Par	6: Describe Any Farm- and Commercial If you own or have an interest in farmlar		You Own o	r Have an Interest In.	
46.	Do you own or have any legal or equ	itable interest in any f	arm- or con	nmercial fishing-related property?	
	■ No. Go to Part 7.  □ Yes. Go to line 47.				
Par	7: Describe All Property You Own	or Have an Interest in Tha	at You Did No	ot List Above	
ı	Do you have other property of any ki  Examples: Season tickets, country club  No  Yes. Give specific information		list?		
54.	Add the dollar value of all of your e	ntries from Part 7. Wri	te that num	ber here	\$0.00
Par	List the Totals of Each Part of this	s Form			
55.	Part 1: Total real estate, line 2				\$0.00
56.	Part 2: Total vehicles, line 5			\$30,875.00	
	Part 3: Total personal and househo	•		\$1,865.00	
58.	Part 4: Total financial assets, line 3	6		\$2,561.99	

List the Totals of Each Part of this Form				
: 1: Total real estate, line 2				\$0.00
2: Total vehicles, line 5		\$30,875.00		
3: Total personal and household items, line 15		\$1,865.00		
4: Total financial assets, line 36		\$2,561.99		
5: Total business-related property, line 45		\$0.00		
6: Total farm- and fishing-related property, line 52		\$0.00		
7: Total other property not listed, line 54	+	\$0.00		
al personal property. Add lines 56 through 61		\$35,301.99	Copy personal property total	\$35,301.99
	1: Total real estate, line 2	2: Total real estate, line 2	2: Total real estate, line 2 2: Total vehicles, line 5 3: Total personal and household items, line 15 4: Total financial assets, line 36 5: Total business-related property, line 45 6: Total farm- and fishing-related property, line 52 7: Total other property not listed, line 54  \$30,875.00 \$1,865.00 \$2,561.99 \$2,561.99 \$0.00 \$1,7: Total other property not listed, line 54	2: Total real estate, line 2

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$35,301.99

Official Form 106A/B Schedule A/B: Property page 5

Case:19-41402-F.IC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:15 of 62 Fill in this information to identify your case: Debtor 1 **Annette Elaine Easterbrook** Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106C Schedule C: The Property You Claim as Exempt 4/19 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known). For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount. Part 1: Identify the Property You Claim as Exempt 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 2003 Toyota 4-Runner Ltd 2WD 11 U.S.C. § 522(d)(2) \$6,875.00 \$4,000.00 325,000 miles NADA clean retail value is listed. 100% of fair market value, up to Line from Schedule A/B: 3.2 any applicable statutory limit 2003 Toyota 4-Runner Ltd 2WD 11 U.S.C. § 522(d)(5) \$2.875.00 \$6,875.00 325,000 miles NADA clean retail value is listed. 100% of fair market value, up to Line from Schedule A/B: 3.2 any applicable statutory limit Dishes, family photos (in storage). 11 U.S.C. § 522(d)(3) \$1,000.00 \$1.000.00 Line from Schedule A/B: 6.1 100% of fair market value, up to any applicable statutory limit Laptop computer 11 U.S.C. § 522(d)(3) \$50.00 \$50.00 Line from Schedule A/B: 7.1 100% of fair market value, up to

\$240.00

any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$240.00

Ruger .380, recently purchased new

Line from Schedule A/B: 10.1

11 U.S.C. § 522(d)(5)

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	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim  Check only one box for each exemption.		Specific laws that allow exemption	
		Copy the value from Schedule A/B				
	Everyday clothing Line from Schedule A/B: 11.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)	
	Line nom Schedule AVB. 11.1			100% of fair market value, up to any applicable statutory limit		
	Costume jewelry Line from Schedule A/B: 12.1	\$75.00		\$75.00	11 U.S.C. § 522(d)(4)	
	Lille Holli Schedule Alb. 12.1			100% of fair market value, up to any applicable statutory limit		
	Checking #8880: Wells Fargo Line from Schedule A/B: 17.1	\$989.18		\$989.18	11 U.S.C. § 522(d)(5)	
	Enterness address and the second seco			100% of fair market value, up to any applicable statutory limit		
	Savings Account #9853: Wells Fargo Line from Schedule A/B: 17.2	\$1,572.81		\$1,572.81	11 U.S.C. § 522(d)(5)	
	Lille Hotti Schedule Av.B. 1112			100% of fair market value, up to any applicable statutory limit		
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3 ■ No ■ Yes. Did you acquire the property covere ■ No	3 years after that for ca	ases fi	,	,	
	☐ Yes					

Case:19-41402-E.IC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:17 of 62 Fill in this information to identify your case: Debtor 1 Annette Elaine Easterbrook First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column A Column B Column C 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Amount of claim Value of collateral Unsecured much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion value of collateral. claim \$24,000.00 2.1 | Chrysler Capital Describe the property that secures the claim: \$25,500.00 \$1,500.00 Creditor's Name 2018 Dodge Ram Truck As of the date you file, the claim is: Check all that PO Box 961245 Fort Worth, TX 76161 □ Contingent Number, Street, City, State & Zip Code ☐ Unliquidated □ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. ■ Debtor 1 only An agreement you made (such as mortgage or secured car loan) Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a ☐ Other (including a right to offset) community debt Date debt was incurred 8/11/2018 Last 4 digits of account number 3296 \$25,500.00 Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. \$25,500.00 Write that number here:

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Case:19-41402-E.IC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:18 of 62 Fill in this information to identify your case: Debtor 1 **Annette Elaine Easterbrook** Middle Name Last Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? ☐ No. Go to Part 2. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) **Total claim Priority** Nonpriority amount amount 2.1 **Georgia Department of Revenue** \$0.00 \$0.00 \$0.00 Last 4 digits of account number Priority Creditor's Name Compliance Division, ARCS When was the debt incurred? **Notice only Bankruptcy** 1800 Century Blvd NE Suite 9100 Atlanta, GA 30345-3202 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only □ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Domestic support obligations lacksquare At least one of the debtors and another ☐ Check if this claim is for a community debt Taxes and certain other debts you owe the government Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No Other. Specify ☐ Yes

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2.2	Internal Revenue Service Priority Creditor's Name PO Box 7346	Last 4 digits of account number O	lotice only	\$0.00	\$0.00	\$0.00
	Philadelphia, PA 19101-7346  Number Street City State Zip Code	As of the data you file the eleim is:	Charle all that ar			
	Who incurred the debt? Check one.	As of the date you file, the claim is:  Contingent	Check all that ap	opiy		
	■ Debtor 1 only	ŭ				
	_	☐ Unliquidated				
	Debtor 2 only	Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:				
	At least one of the debtors and another	☐ Domestic support obligations				
	☐ Check if this claim is for a community debt	Taxes and certain other debts you				
	Is the claim subject to offset?	Claims for death or personal injury	while you were in	ntoxicated		
	■ No	Other. Specify				
	Yes					
_	Do any creditors have nonpriority unsecured claim	ns against you?				
3. [ ]		this form to the court with your other scheen alphabetical order of the creditor who laim. For each claim listed, identify what	o holds each cla	. Do not list claims alread	y included in Pa	art 1. If more on Page of
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each other part 2.  Advance Professional	this form to the court with your other scheen alphabetical order of the creditor who laim. For each claim listed, identify what	o holds each cla	. Do not list claims alread	y included in Pa t the Continuation	art 1. If more on Page of
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each counse creditor holds a particular claim, list the other Part 2.	this form to the court with your other school the court with your other school the creditor who claim. For each claim listed, identify what is creditors in Part 3.If you have more than	o holds each cla type of claim it is n three nonpriorit	. Do not list claims alread	y included in Pa t the Continuation	art 1. If more on Page of im
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each othan one creditor holds a particular claim, list the other Part 2.  Advance Professional  Nonpriority Creditor's Name  P.O. Box 742063	this form to the court with your other scheen alphabetical order of the creditor who laim. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number	o holds each cla type of claim it is n three nonpriority 8694 2017	. Do not list claims alread y unsecured claims fill ou	y included in Pa t the Continuation	art 1. If more on Page of im
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each othan one creditor holds a particular claim, list the other Part 2.  Advance Professional  Nonpriority Creditor's Name  P.O. Box 742063  Atlanta, GA 30374-2063  Number Street City State Zip Code	this form to the court with your other scheen alphabetical order of the creditor who claim. For each claim listed, identify what is creditors in Part 3.If you have more than also because the count number.  Last 4 digits of account number. When was the debt incurred?	o holds each cla type of claim it is n three nonpriority 8694 2017	. Do not list claims alread y unsecured claims fill ou	y included in Pa t the Continuation	art 1. If more on Page of im
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.  Advance Professional  Nonpriority Creditor's Name  P.O. Box 742063  Atlanta, GA 30374-2063  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only	this form to the court with your other scheen alphabetical order of the creditor who laim. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent	o holds each cla type of claim it is n three nonpriority 8694 2017	. Do not list claims alread y unsecured claims fill ou	y included in Pa t the Continuation	art 1. If more on Page of im
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each othan one creditor holds a particular claim, list the other Part 2.  Advance Professional  Nonpriority Creditor's Name  P.O. Box 742063  Atlanta, GA 30374-2063  Number Street City State Zip Code  Who incurred the debt? Check one.  □ Debtor 1 only  □ Debtor 2 only	this form to the court with your other scheen alphabetical order of the creditor who laim. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim	o holds each cla type of claim it is n three nonpriority 8694 2017	. Do not list claims alread y unsecured claims fill ou	y included in Pa t the Continuation	art 1. If more on Page of im
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.  Advance Professional  Nonpriority Creditor's Name  P.O. Box 742063  Atlanta, GA 30374-2063  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	this form to the court with your other schellaim. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Unliquidated	o holds each clatype of claim it is a three nonpriority  8694  2017  is: Check all that	. Do not list claims alread y unsecured claims fill ou	y included in Pa t the Continuation	art 1. If more on Page of im
3. [ ]	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.  Advance Professional  Nonpriority Creditor's Name  P.O. Box 742063  Atlanta, GA 30374-2063  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another	this form to the court with your other schellaim. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim Contingent Unliquidated Disputed	o holds each clatype of claim it is a three nonpriority  8694  2017  is: Check all that	. Do not list claims alread y unsecured claims fill ou	y included in Pa t the Continuation	art 1. If more on Page of im
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.  Advance Professional  Nonpriority Creditor's Name  P.O. Box 742063  Atlanta, GA 30374-2063  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  Debtor 1 and Debtor 2 only	this form to the court with your other scheen alphabetical order of the creditor who laim. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed Type of NONPRIORITY unsecure	o holds each clatype of claim it is not three nonpriority  8694  2017  is: Check all that and claim:	. Do not list claims already unsecured claims fill ou	ly included in Part the Continuation  Total cla	art 1. If more on Page of im
3. [ ] 4. [ t	Do any creditors have nonpriority unsecured claim  No. You have nothing to report in this part. Submit  Yes.  List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other Part 2.  Advance Professional  Nonpriority Creditor's Name  P.O. Box 742063  Atlanta, GA 30374-2063  Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Check if this claim is for a community debt	this form to the court with your other scheen alphabetical order of the creditor who laim. For each claim listed, identify what is creditors in Part 3.If you have more than Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim  Contingent Unliquidated Disputed Type of NONPRIORITY unsecured Student loans Obligations arising out of a separation.	o holds each clatype of claim it is a three nonpriority  8694  2017  is: Check all that ad claim:	. Do not list claims already unsecured claims fill out the secured claims fill out the	ly included in Part the Continuation  Total cla	art 1. If more on Page of im

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4.2	Alabama Department of Labor	Last 4 digits of account number	\$1,850.00
	Nonpriority Creditor's Name 649 Monroe Street, Room 4676 Montgomery, AL 36131-4200	When was the debt incurred? 2015	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	•	□ Debts to pension or profit-sharing plans, and other similar debts	
	No		
	Yes	Other. Specify Possible overpayment	
4.3	America's AA Pensacola Nonpriority Creditor's Name	Last 4 digits of account number	\$276.95
	6615 Mobile Hwy Pensacola, FL 32526	When was the debt incurred? 2018	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify BUSINESS DEBT	
4.4	Axcon Corporation Holdings Inc Nonpriority Creditor's Name	Last 4 digits of account number	\$28,000.00
	6373 Simpson Drive Milton, FL 32570	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify BUSINESS DEBT	
		— Спол. оробиу	

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4.5	Bank of America	Last 4 digits of account number	0184	\$207.50
	Nonpriority Creditor's Name P.O. Box 15284	When was the debt incurred?	Closed March 2018	
	Wilmington, DE 19850  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only  Debtor 2 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt  Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	■ Other. Specify Overdraft		
4.6	Baptist Health Care Nonpriority Creditor's Name	Last 4 digits of account number	6089	\$1,150.00
	Corporate Patient Financial Services	When was the debt incurred?		
	100 West Garden Street, Suite 200 Pensacola, FL 32502 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify Medical bill	<u> </u>	
4.7	Baptist Health Care Nonpriority Creditor's Name	Last 4 digits of account number	4817	\$1,293.00
	Corporate Patient Financial Services	When was the debt incurred?		
	100 West Garden Street, Suite 200 Pensacola, FL 32502 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Medical de	ot	

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4.8	Baptist Health Care	Last 4 digits of account number 7078	\$1,421.00
	Nonpriority Creditor's Name  Corporate Patient Financial  Services	When was the debt incurred?	
	100 West Garden Street, Suite 200 Pensacola, FL 32502 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical debt	
4.9	BBVA Compass	Last 4 digits of account number 2521	\$337.09
	Nonpriority Creditor's Name 3200 Wilcrest	When was the debt incurred?	
	Suite 600 Houston, TX 77042-6000 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify BUSINESS DEBT	
4.1	Beck Partners	Last 4 digits of account number	\$4,500.00
<u> </u>	Nonpriority Creditor's Name		
	151 West Main Street Suite 200	When was the debt incurred?	
	Pensacola, FL 32502  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	The character year may and chammed chock an what apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify BUSINESS DEBT	

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4.1 1	Capital One Bank (USA) NA	Last 4 digits of account number 6529	\$647.80
	Nonpriority Creditor's Name Attn.: Bankruptcy P.O. Box 30285	When was the debt incurred?	
	Salt Lake City, UT 84130-0285		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
		Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card	
4.1 2	Capital One Bank USA NA	Last 4 digits of account number 4500	\$658.00
	Nonpriority Creditor's Name	<del></del>	
	PO Box 30281 Salt Lake City, UT 84130-0281	When was the debt incurred? Last active May 2018	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• ,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card	
4.1 3	Cox Business	Last 4 digits of account number 8905	\$4,115.53
	Nonpriority Creditor's Name P.O. Box 1259, Dept. 130413 Oaks, PA 19456	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	community	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	☐ Yes	■ Other. Specify BUSINESS DEBT	

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4.1 4	Credit First National Association	Last 4 digits of account number 7082	\$1,117.22
	Nonpriority Creditor's Name	<del></del>	
	P.O. Box 81410	When was the debt incurred?	
	Cleveland, OH 44181-0410  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Collecting for Firestone Complete Auto Care / CFNA	
4.1 5	Eastern Account System of Conn., Inc.	Last 4 digits of account number 3080	\$40.93
	Nonpriority Creditor's Name  3 Corporate Drive	When was the debt incurred?	
	Suite 2 Danbury, CT 06810-4166 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Collecting for Comcast Cable Communications	
4.1 6	ECC and Associates	Last 4 digits of account number 6301	\$2,401.00
	Nonpriority Creditor's Name 26 Railroad Avenue, Suite 117 Babylon, NY 11702	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	■ Other. Specify  BUSINESS DEBT collecting for Central Business Funding	

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4.1	Emerald Coast Utilities Authority	Last 4 digits of account number 7457	\$235.51
	Nonpriority Creditor's Name P.O. Box 18870	When was the debt incurred?	
	Pensacola, FL 32523-8870		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify BUSINESS DEBT	
4.1	First Financial Asset Mgmt, Inc.	Last 4 digits of account number 8939	\$327.00
	Nonpriority Creditor's Name 3091 Governors Lake Drive, Suite 500	When was the debt incurred?	
	Norcross, GA 30071		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other. Specify  Collecting for Optim Healthcare	
		— Other. Specify	
4.1 9	Gulf Breeze Hospital  Nonpriority Creditor's Name	Last 4 digits of account number 7078	\$100.00
	P.O. Box 17106 Pensacola, FL 32522-7106	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	$\square$ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Medical bill	
		• • —	

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Gulf Coast Collection Bureau	Last 4 digits of account number 3071	\$127.99
Nonpriority Creditor's Name PO Box 21509	When was the debt incurred?	
Sarasota, FL 34276-4509  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Oneck all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
_	☐ Debts to pension or profit-sharing plans, and other similar debts	
■ No		
Yes	■ Other. Specify Collecting for Baptist Health Care	
Gulf Power	Last 4 digits of account number 3187	\$622.20
Nonpriority Creditor's Name		•
One Energy Place	When was the debt incurred?	
Pensacola, FL 32520-0037		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify BUSINESS DEBT	
Headway Capital	Last 4 digits of account number 9396	\$31,264.17
Nonpriority Creditor's Name		Ψ01,204.11
175 W. Jackson Blvd	When was the debt incurred?	
Suite 1000		
Chicago, IL 60604  Number Street City State Zip Code	As of the date you file the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	Contingent	
Debtor 2 only	Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify BUSINESS DEBT	

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4.2	Hunter Warfield	Last 4 digits of account number 8584	\$1,593.43
<u> </u>	Nonpriority Creditor's Name Attn.: Bankruptcy PO Box 1022	When was the debt incurred?	
	Wixom, MI 48393-1022  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify BUSINESS DEBT, collecting for First Data Global Leasing	
4.2	Jefferson Capital System	Last 4 digits of account number 0914	\$502.66
	Nonpriority Creditor's Name 16 McIeland Road Saint Cloud, MN 56303	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Collecting for Fingerhut Advantage	
4.2 5	Manheim	Last 4 digits of account number 9675	\$20.00
	Nonpriority Creditor's Name PO Box 105511 Atlanta, GA 30348	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	■ Other. Specify BUSINESS DEBT	

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4.2	Medical Revenue Service	Last 4 digits of account number 0001	\$1,834.70
	Nonpriority Creditor's Name 645 Walnut Street	When was the debt incurred?	
	Suite 5		
	Gadsden, AL 35902		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	-	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other. Specify  Medical debt	
		— Other. Specify	
4.2	Medical Revenue Service	Last 4 digits of account number 7771	\$860.05
7	Nonpriority Creditor's Name	Last 4 digits of account number	Ψοσο.σσ
	645 Walnut Street	When was the debt incurred?	
	Suite 5		
	Gadsden, AL 35902  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
		_ `	
	Debtor 1 and Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical debt	
4.2			
8	Optim Health	Last 4 digits of account number 6403	\$100.00
	Nonpriority Creditor's Name	When was the debt incurred?	
	PO Box 14099 Belfast, ME 04915	when was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Medical debt	

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Optim Orthopedics LLC	Last 4 digits of account number 6403	\$44.99
Nonpriority Creditor's Name P O Box 14099	When was the debt incurred?	
Belfast, ME 04915		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical debt	
Pearl Capital	Last 4 digits of account number	\$12,000.00
Nonpriority Creditor's Name		. ,
Attn.: Underwriting / Bankruptcy 100 William Street, Suite 900	When was the debt incurred?	
New York, NY 10038	- Acceptate the configuration of the state o	
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_	_	
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify BUSINESS DEBT	
Pensacola Pathologists, P.A.	Last 4 digits of account number 9844	\$145.24
Nonpriority Creditor's Name		Ţ. 101 <b>2</b> -
5700 Southwyck Blvd	When was the debt incurred?	
Toledo, OH 43614-1509  Number Street City State Zip Code	As of the date you file the plain is Observed that such	
Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical bill	

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4.3	Polishing Systems Inc.	Last 4 digits of account number 2016	\$109.25
	Nonpriority Creditor's Name  114 Edge Avenue	When was the debt incurred? 2017	
	Niceville, FL 32578	<del></del>	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify BUSINESS DEBT	
4.3	Professional Account Management, L.L.C.	Last 4 digits of account number 9705	\$95.00
	Nonpriority Creditor's Name		
	Collection Services Division PO Box 391	When was the debt incurred?	
	Milwaukee, WI 53201-9923		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No □ Yes	Other. Specify     Parking citation, City of Atanta	
		— Other. Specify	
4.3 4	Progressive Leasing, LLC	Last 4 digits of account number 5480	\$773.08
	Nonpriority Creditor's Name 256 West Data Drive	When was the debt incurred?	
	Draper, UT 84020  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , , ,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Account	

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Nonpriority Creditor's Name   P.O. Box 7306   Hollister, MO 65673-7306   Number Street City States 2p Code   Who incurred the debt? Check one.   Debtor 1 and Debtor 2 only   Unliquidated   Disputed   Debtor 1 and Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only	4.3 5	Quest Diagnostics	Last 4 digits of account number 7830	\$26.40
Hollister, MG 65673-7306   Number Street City State of Dode   Debtor 1 corby		Nonpriority Creditor's Name	<del></del>	
Number Street City State Zip Code   No incurred the debt? Check one.   Debtor 1 only   Contingent   Uniquidated   Debtor 2 only   Uniquidated   Debtor 1 and Debtor 3 only   Debtor 4 only   Debtor 4 only   Debtor 5 only   Debtor 6 only   Debtor 7 only   Debtor 8 only 6 on		1 101 20X 1000	When was the debt incurred?	
Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3			As of the date you file the claim is Check all that apply	
Debtor 1 only   Debtor 2 only   Debtor 2 only   Disputed		, ,	As of the date you me, the claim is. Oneck all that apply	
Debtor 2 only   Debtor 1 and Debtor 2 only   Disputed   Disputed   Debtor 3 only   Debtor 4 and Debtor 3 only   Debtor 5 only   Debtor 6 only   Debtor 6 only   Debtor 6 only   Debtor 7 only   Debtor 8 only   Debtor 8 only   Debtor 8 only   Debtor 8 only   Debtor 9 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 only   Debtor 1 only   Debtor 2 onl		<u> </u>	☐ Contingent	
Debtor 1 and Debtor 2 only		Debtor 2 only		
At least one of the debtors and another   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community debt   Check if this claim is for a community Cheditor's Name   Check if this claim is for a community Cheditor's Name   Check if this claim is for a community Cheditor's Name   Check if this claim is for a community Cheditor's Name   Check if this claim is for a community Cheditor's Name   Check if this claim is for a community Check one.   Check if this claim is for a community Check one   Check if this claim is for a community Check one   Check if this claim is for a community Check one   Check if this claim is for a community Check one   Check if this claim is for a community Check one   Check if this claim is for a community Check one   Check if this claim is for a community Check one   Check if this claim is for a community check one   Check if this claim is for a community check one   Check if this claim is for a community check one   Check if this claim is for a community check one   Check if this claim is for a community check one   Check if this claim is for a community check one   Check if this claim is for a community check one   Check if this claim is for a community check one   Check if this claim is for a community check one   Check if this claim i				
Check if this claim subject to offset?   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   SUC Medical Group Inc.   Norphrolity Creditors Name   1374 S. Babcock Street   Melbourne, FL 32901-3009   Number Street (Tily State Zip Code   Who incurred the debtor 2 only   Obebtor 1 and Debtor 3 priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority Creditors Name   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations of the debt incurred?   Obligations of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority c		_	·	
debt   St the claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-shar		<u> </u>		
Is the claim subject to offset?  No Debto 1 poebtor 1 and Debtor 2 only At least one of the claims ubject to offset?  No Debtor 1 street City State 2: No Debtor 2 only At least one of the claim subject to offset?  No Debtor 1 and Debtor 2 only As St. Joseph's/Candler No Dephore X439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State 2:p Code Who incurred the debt? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 3 only Student loans Debtor 3 only Debtor 3 only Debtor 4 only Student loans Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 1 only		•	Obligations arising out of a separation agreement or divorce that you did not	
SJC Medical Group Inc. Nonpriority Creditor's Name 1374 S, Babcock Street Melbourne, FL 32901-3009 Number Street City State Zip Code Who incurred the debt/? Check one. Debtor 1 and Debtor 2 only Debtor 1 sis the claim subject to offset? St. Joseph's/Candler Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt/? Check one. Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt/? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only		Is the claim subject to offset?		
SJC Medical Group Inc. Nonpriority Creditor's Name 1374 S. Babcock Street Melbourne, FL 32901-3009 Number Street City State 2/p Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt St. Joseph's/Candler Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State 2/p Code Who incurred the debt? Check one. Debtor 2 only Check if this claim is for a Community debt As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Who was the debt incurred claim: Student loans Check if this claim is for a community debt Other. Specify Medical bill  Last 4 digits of account number 1707 \$250.00  When was the debt incurred?  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  When was the debt incurred?  Occurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor		No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Solve Medical Group inc.    Nonpriority Creditor's Name   1374 S. Babcock Street   Melbourne, FL 32901-3009   Number Street City State Zip Code   Who incurred the debt? Check one.   Contingent   Check if this claim is for a community debt   St. Joseph's/Candler   Last 4 digits of account number   Check ill that apply   Contingent   Check if this claim is for a community debt   St. Joseph's/Candler   Last 4 digits of account number   Type of NONPRIORITY unsecured claim:   Student loans   Check if this claim subject to offset?   Check one.   Check if this claim subject to offset?   Check one.   Check if this claim subject to offset?   Check one.   Check if this claim is for a community debt   Contingent   Check if this claim subject to offset?   Contingent   Check if this claim subject to offset?   Contingent   Check if this claim subject to offset?   Contingent   C		Yes	Other. Specify Medical bill	
Nonpriority Creditor's Name 1374 S. Babcock Street Melbourne, FL 32901-3009 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 3 and Debtor 3 only Debtor 4 the claim is for a community debt Is the claim subject to offset?  St. Joseph's/Candler Nonpriority Creditor's Name Dept: 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one.  Melical birlingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 1 only Debtor 4 onle Debtor 5 only Debtor 5 only Debtor 6 onle Debtor 6 onle Debtor 6 onle Debtor 6 onle Debtor 7 only Debtor 7 only Debtor 8 onle Debtor 8 onle Debtor 9 onle Debtor 9 onle Debtor 1 onle Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 onle Debtor 1 onle Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 onle Debtor 4 onle Debtor 5 onle Debtor 6 onle Debtor 6 onle Debtor 7 onle Debtor 7 onle Debtor 8 onle Debtor 9 onle Debtor 9 onle Debtor 1 onle Debtor 1 onle Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Disputed Type of NoNPRIORITY unsecured claim: Disputed Type of NoNPRIORITY unsecured claim: Disputed 1 onle Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Disputed 1 onle Debtor 2 only Disputed 1 onle Debtor 2 only Disputed 3 onle 4 separation agreement or divorce that you did not report as priority claims		S IC Medical Croup Inc	7652	¢25.00
1374 S. Babcock Street   Melbourne, FL 32901-3009   Number Street City State Zip Code   Who incurred the debt? Check one.   Debtor 1 only   Contingent   Debtor 2 only   Disputed   Debtor 1 and Debtor 2 only   Disputed   Student loans   Debtor the claim is for a community debt   St. Joseph's/Candler   Last 4 digits of account number   T707   \$250.00	6	<del>-</del>	Last 4 digits of account number	\$25.00
Melbourne, FL 32901-3009 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 3 Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 3 spriority claims Debtor 4 separation agreement or divorce that you did not report as priority claims Debtor 5 Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 Nonpriority creditor's nad another Debtor 6 Nonpriority Creditor's Name Dept. 2439 Number Street City State Zip Code Who incurred the debtors and another Debtor 7 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Disputed Type of NonPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Type of NonPRIORITY unsecured claim: Student loans Debtor 1 only Disputed Disputed Disputed Obligations arising out of a separation agreement or divorce that you did not report as priority claims		·	When was the debt incurred?	
Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debtors and another Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only As of the date you file, the claim is: Check all that apply Check if this claim is for a community debt Indicated Debtor 2 only Debtor 1 onlo Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 onlo Debtor 2 only Debtor 1 onlo Debtor 2 only Debtor 1 onlo Debtor 2 onloy Debtor 1 onloy Debtor 2 onloy Debtor 2 onloy Debtor 2 onloy Debtor 3 onloy Debtor 2 onloy Debtor 4 onloy Debtor 2 onloy Debtor 4 onloy Debtor 2 onloy Debtor 4 onloy Debtor 2 onloy Debtor 5 onloy Debtor 2 onloy Debtor 2 onloy Debtor 3 onloy Debtor 4 onloy Debtor 5 onloy Debtor 5 onloy Debtor 5 onloy Debtor 6 onloy Debtor			<del></del>	
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  No Debtor 1 only Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Medical bill  St. Joseph's/Candler Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 is the claim is for a community debt Is the claim subject to offset? Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  St. Joseph's/Candler Last 4 digits of account number Pother. Specify Medical bill  1707 \$250.00  \$250.00		Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt No Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 x439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Unliquidated Debtor 1 state and pettor 2 only Check if this claim is for a community debt Student loans St. Joseph's/Candler Last 4 digits of account number 1707 \$250.00  \$250.00  When was the debt incurred?  As of the date you file, the claim is: Check all that apply Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims		Who incurred the debt? Check one.		
Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Other. Specify Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Other. Specify Medical bill  Last 4 digits of account number 1707 \$250.00  When was the debt incurred? When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Debtor 1 and Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset?		■ Debtor 1 only	☐ Contingent	
At least one of the debtors and another    Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Other. Specify   Medical bill      4.3		☐ Debtor 2 only	☐ Unliquidated	
Check if this claim is for a community debt   Student loans   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did not report as priority claims   Obligations arising out of a separation agreement or divorce that you did		☐ Debtor 1 and Debtor 2 only	☐ Disputed	
debt   Steelaim subject to offset?   Cobligations arising out of a separation agreement or divorce that you did not report as priority claims   Debts to pension or profit-sharing plans, and other similar debts   Debts to pension or profit-sharing plans, and other similar debts   Medical bill      St. Joseph's/Candler		☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
debt Is the claim subject to offset?   Debts to pension or profit-sharing plans, and other similar debts   Yes		☐ Check if this claim is for a community	☐ Student loans	
As of the date you file, the claim is: Check all that apply  Who incurred the debt? Check one.  Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 first claim is for a community debt Is the claim subject to offset?  Debtor 4 onforce the debt? Check one one obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debtor 4 onforce the debt? Check of a separation agreement or divorce that you did not report as priority claims			☐ Obligations arising out of a separation agreement or divorce that you did not	
A.3 St. Joseph's/Candler  Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Medical bill  1707 \$250.00  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Check all that apply  Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Deb		Is the claim subject to offset?		
St. Joseph's/Candler Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  Last 4 digits of account number Mhen was the debt incurred?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Check all that apply  \$250.00  \$25		No	Debts to pension or profit-sharing plans, and other similar debts	
St. Joseph's/Candler   Last 4 digits of account number   1/07   \$250.00		Yes	■ Other. Specify Medical bill	
Nonpriority Creditor's Name Dept. 2439 PO Box 11407 Birmingham, AL 35246-2439  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  When was the debt incurred?  When was the debt incurred?  As of the date you file, the claim is: Check all that apply  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Debtor 1 as separation agreement or divorce that you did not report as priority claims		St. Joseph's/Candler	Last 4 digits of account number 1707	\$250.00
PO Box 11407 Birmingham, AL 35246-2439  Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply	1			• • • • • • • • • • • • • • • • • • • •
Number Street City State Zip Code Who incurred the debt? Check one.  □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply		Dept. 2439	When was the debt incurred?	
Number Street City State Zip Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt  Is the claim subject to offset?  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  As of the date you file, the claim is: Check all that apply  Contingent  Unliquidated  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
Who incurred the debt? Check one.  □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			As of the date you file the claim is: Check all that apply	
■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		' '	As of the date you file, the claim is. Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		_	□ Continued	
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		_		
☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		<u> </u>		
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims		•	·	
debt				
Is the claim subject to offset? report as priority claims		•		
			<u>-</u>	
		Yes	■ Other. Specify Medical debt	

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4.3 8	SYNCB/JC Penney	Last 4 digits of account number 0259	\$0.00
	Nonpriority Creditor's Name PO Box 965007	When was the debt incurred? Last active February 2015	
	Orlando, FL 32896-5007  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	
4.3	US Department of Education	Last 4 digits of account number 3379	\$26,686.00
	Nonpriority Creditor's Name 2401 International PO Box 7859	When was the debt incurred?	
	Madison, WI 53704  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
		Student loan	
4.4 0	Verizon	Last 4 digits of account number 0001	\$2,734.00
	Nonpriority Creditor's Name PO Box 4001 Acworth, GA 30101	When was the debt incurred? 2016	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify BUSINESS DEBT	

### Part 3: List Others to Be Notified About a Debt That You Already Listed

<sup>5.</sup> Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

# Case:19-41402-EJC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:33 of 62 Case number (if known)

Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
AGA	Line <b>4.22</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 9090		■ Part 2: Creditors with Nonpriority Unsecured Claims
Melville, NY 11747		Part 2: Creditors with Nonpriority Unsecured Claims
•	Last 4 digits of account number	9396
Name and Address	On which entry in Port 1 or Port 2 did	you list the original graditor?
Alpha Recovery Group	On which entry in Part 1 or Part 2 did Line <b>4.24</b> of ( <i>Check one</i> ):	·
6912 S. Quentin Street	Line 4.24 of (Check one).	Part 1: Creditors with Priority Unsecured Claims
Unit 10		Part 2: Creditors with Nonpriority Unsecured Claims
Centennial, CO 80112		
Comoninal, CC CC 12	Last 4 digits of account number	7809
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
Asghar Ali	Line <b>4.10</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims
151 W Main Street	Line 4110 of Check one).	
Suite 200		■ Part 2: Creditors with Nonpriority Unsecured Claims
Pensacola, FL 32502		
,	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
Bank of America	Line 4.5 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
P.O. Box 25118		Part 2: Creditors with Nonpriority Unsecured Claims
Tampa, FL 33622-5118		·
	Last 4 digits of account number	0184
Name and Address	On which entry in Part 1 or Part 2 did	vou list the original creditor?
Baptist Health Care	Line <b>4.20</b> of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 9197	<u> </u>	Part 2: Creditors with Nonpriority Unsecured Claims
Coral Springs, FL 33075-9197		- Fart 2. Creditors with Nonphority Onsecured Claims
	Last 4 digits of account number	8799
Name and Address	On which entry in Part 1 or Part 2 did	vou list the original creditor?
Brian Pedicord	Line <b>4.4</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
c/o Axcon Corporation Holdings Inc		■ Part 2: Creditors with Nonpriority Unsecured Claims
6373 Simpson Drive		- Fait 2. Creditors with Nonphority Onsecured Claims
Milton, FL 32570		
	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
CarePayment Customer Care	Line <b>4.20</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims
5300 Meadows Road, Suite 320		Part 2: Creditors with Nonpriority Unsecured Claims
Lake Oswego, OR 97035	Last 4 digits of account number	
Name and Address	On which entry in Part 1 or Part 2 did	
Client Services, Inc.	Line 4.14 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
3451 Harry S. Truman Blvd Saint Charles, MO 63301-4047		Part 2: Creditors with Nonpriority Unsecured Claims
Saint Charles, MC 03301-4047	Last 4 digits of account number	8071
Name and Address	On which onto in Deat 4 as Deat 2 P. I.	Lyou liet the existence exactly and
Name and Address Comcast/Xfinity	On which entry in Part 1 or Part 2 did	
P O Box 2127	Line 4.15 of (Check one):	Part 1: Creditors with Priority Unsecured Claims
Norcross, GA 30091-2127		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	3080
Name and Address	On which onto in Deat 4 and Deat 2 P. I.	upu liet the enisinal are diter?
Cox Communications	On which entry in Part 1 or Part 2 did Line <b>4.13</b> of ( <i>Check one</i> ):	· ·
7401 Florida Boulevard	Line Tile of (Officer office):	Part 1: Creditors with Priority Unsecured Claims
Baton Rouge, LA 70806		Part 2: Creditors with Nonpriority Unsecured Claims
	Last 4 digits of account number	
Name and Address	On which and it Date is 2 to 5 iii	Link the antiminal and disease
Name and Address Fingerhut	On which entry in Part 1 or Part 2 did	· •
Attn.: Bankruptcy	Line <b>4.24</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims
6250 Ridgewood Road		Part 2: Creditors with Nonpriority Unsecured Claims
Saint Cloud, MN 56303		
· · · · · · · · · · · · · · · · ·	Last 4 digits of account number	

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Name and Address	On which entry in Part 1 or Part 2 di		
First Data Global Leasing Attn.: Bankruptcy	Line 4.23 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
5565 Glenridge Connector, Suite		■ Part 2: Creditors with Nonpriority Unsecured Claims	
2000 Atlanta, GA 30342			
Allanta, GA 30042	Last 4 digits of account number	1000	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Gulf Coast Collection Bureau	Line <b>4.21</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
PO Box 21509 Sarasota, FL 34276-4509		Part 2: Creditors with Nonpriority Unsecured Claims	
Sarasota, 1 L 34270-4309	Last 4 digits of account number	3614	
Name and Address	On which entry in Part 1 or Part 2 di	· _	
Jefferson Capital System	Line <u>4.40</u> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims	
16 McIeland Road Saint Cloud, MN 56303		Part 2: Creditors with Nonpriority Unsecured Claims	
Came Gloda, Mit 30003	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
Mark Davis	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
c/o Axcon Corporation Holdings Inc. Milton, FL 32570		■ Part 2: Creditors with Nonpriority Unsecured Claims	
WillOll, FL 32370	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
McCarthy, Burgess & Wolff, Inc.	Line <u><b>4.14</b></u> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
26000 Cannon Road Cleveland, OH 44146		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Giordiana, Gir 44140	Last 4 digits of account number	1921	
Name and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
Radius Global Solutions LLC	Line 4.9 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
P.O. Box 390846 Minneapolis, MN 55439		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Militieapolis, Mil 33433	Last 4 digits of account number	6340	
Name and Address	On which entry in Part 1 or Part 2 di	d you list the original creditor?	
Rehman Ali	Line <b>4.10</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims	
151 W. Main Street Suite 200		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Pensacola, FL 32502			
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2 die	d you list the original creditor?	
Sequium Asset Solutions, LLC	Line <b>4.13</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecured Claims	
1130 Northchase Pkwy, Suite 150 Marietta, GA 30067		Part 2: Creditors with Nonpriority Unsecured Claims	
manda, on ooon	Last 4 digits of account number		

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	6f.	Student loans	6f.	\$ Total Claim

Official Form 106 E/F

Total					26,686.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00
	6h.	you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount	6i.	Ψ	
	0	here.	0	\$	102,186.74
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	128,872.74

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	ation to identify your		0-11-0 - <u>C. 10-00.1</u>	0,04,720.20.00.41	1 agc.30 01 02
Debtor 1	Annette Elaine Ea	sterbrook			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	OF GEORGIA		
Case number					☐ Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code				State what the contract or lease is for
2.1					
	Name				_
	<del></del>				_
	Number	Street			
	O'tr.		04-4-	71D O- 4-	<u> </u>
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				<del>_</del>
					<u> </u>
	Number	Street			
					_
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	Number	Sileet			
	City		State	ZIP Code	<del>_</del>
2.5	City		State	ZIF Code	
2.5					_
	Name				
	Number	Street			_
	City		State	ZIP Code	

Case:19-41402-E.IC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:37 of 62 Fill in this information to identify your case: Debtor 1 **Annette Elaine Easterbrook** Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: SOUTHERN DISTRICT OF GEORGIA Case number (if known) ☐ Check if this is an amended filing Official Form 106H Schedule H: Your Codebtors 12/15 Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question. 1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor. No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. ☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Name, Number, Street, City, State and ZIP Code Check all schedules that apply: 3.1 ☐ Schedule D. line Name ☐ Schedule E/F. line ☐ Schedule G, line Number Street City State ZIP Code 3.2 ☐ Schedule D, line Name ☐ Schedule E/F, line ☐ Schedule G, line \_

State

Number

City

ZIP Code

Fill	in this information to	identify your ca	ise:								
De	btor 1	Annette Elai	ne Easterbrook			_					
1 -	btor 2 ouse, if filing)					_					
Un	ited States Bankrupt	cy Court for the:	SOUTHERN DISTRIC	T OF GEORGIA		_					
	se number						Chec	k if this is	:		
(If k	nown)							n amende	J		
_										g postpetition ollowing date:	chapter
<u>O</u>	fficial Form	<u> 1061</u>					N	1M / DD/ \	YYYY		
S	chedule I: \	our Inco	ome								12/15
atta	ch a separate shee		r spouse is not filing wi On the top of any addition								
1.	Fill in your emplo information.	yment		Debtor 1				Debtor :	2 or non-fi	ling spouse	
	If you have more than one job, attach a separate page with		Employment status	■ Employed				☐ Empl	,		
	information about additional	, ,	☐ Not employed				☐ Not e	mployed			
	employers.		Occupation								
	Include part-time, s self-employed wor		Employer's name								
	Occupation may in or homemaker, if it		Employer's address								
			How long employed the	nere?				_			
Pa	rt 2: Give Deta	ails About Mon	thly Income								
	imate monthly inco		ite you file this form. If y	ou have nothing to re	eport for a	any li	ne, write	9 \$0 in the	space. Inc	clude your nor	n-filing
	ou or your non-filing s e space, attach a se		re than one employer, co	mbine the information	n for all e	mplo	yers for	that perso	on on the li	nes below. If y	ou need
							For Del	otor 1		btor 2 or ng spouse	
2.			y, and commissions (be alculate what the monthly		2.	\$		0.00	\$	N/A	
3.	Estimate and list	monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross I	ncome. Add lin	e 2 + line 3.		4.	\$		0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Annette Elaine Easterbrook	-	C	Case number (if ki	nown)	_			
	0	vellen. A have	4		For Debtor 1		r	For Debtor	spouse	
	Cop	y line 4 here	4.		\$	0.00	_ 4	<b>.</b>	N/A	<u>.                                    </u>
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a	ì.		0.00	_	\$	N/A	<u>.                                    </u>
	5b.	Mandatory contributions for retirement plans	5b		·	0.00	_ '	·	N/A	_
	5c.	Voluntary contributions for retirement plans	5c			0.00		·	N/A	_
	5d.	Required repayments of retirement fund loans	5d			0.00	_	·	N/A	_
	5e.	Insurance	5e			0.00	- :	<u> </u>	N/A	_
	5f.	Domestic support obligations Union dues	5f.		. —	0.00		·	N/A	_
	5g. 5h.	Other deductions. Specify:	5g 5h		·	0.00 0.00	_ '	·	N/A N/A	_
_					· ——			· ———		_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			0.00	- '	\$	N/A	_
7.	Caid	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	0.00	- 4	\$	N/A	_
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	ì.	\$	0.00	. 9	\$	N/A	<u>.                                    </u>
	8b.	Interest and dividends	8b	).	\$	0.00	9	\$	N/A	<u> </u>
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c	<b>:</b> .	\$ (	0.00	5	<b>6</b>	N/A	
	8d.	Unemployment compensation	8d		\$ 1,569			<u> </u>	N/A	_
	8e.	Social Security	8e	<del>)</del> .	. —	0.00		· \$	N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	-	<b></b>	N/A	_
	8g.	Pension or retirement income	8g	J.	\$ (	0.00	- \$	<u> </u>	N/A	_
	8h.	Other monthly income. Specify:	8h	1.+	\$	0.00	_+ \$	\$	N/A	_
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,569	9.50	] [	\$	N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1,569.50	ه ا ـ ا		N/A	]=[\$	1,569.50
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	1,309.30			11//	- 1 -	1,303.30
11.	Stat Inclu othe Do r	the all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your per friends or relatives.  In the contribution of t	depe							0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies							\$	
13	Do	you expect an increase or decrease within the year after you file this form	?						month	ly income
		No.								
		Yes. Explain:						-		

Official Form 106l Schedule I: Your Income page 2

Fill	in this informat	tion to identify yo	ur case:					
Deb	tor 1	Annette Elair	ne Easter	brook		Che	eck if this is:	
Deh	otor 2						An amended filing	wing postpetition chapter
	ouse, if filing)						13 expenses as of	
Unit	ed States Bankr	uptcy Court for the:	: SOUTH	ERN DISTRICT OF GEOF	RGIA		MM / DD / YYYY	
	e number							
Of	fficial Fo	rm 106J						
So	chedule	J: Your I	 Expen	ses				12/15
Be info	as complete a	and accurate as	possible. eded, atta	If two married people ar				
Par		ibe Your House	hold					
1.	Is this a join							
	■ No. Go to	line 2. <b>s Debtor 2 live i</b>	in a senar:	ete household?				
	□ 163. <b>D06</b>		ii a sepaie	ne nousenoid:				
	= :::	-	st file Officia	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of De	btor 2.	
2.	Do you have	e dependents?	■ No					
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.						Yes
								□ No □ Yes
					-			☐ Yes
								☐ Yes
								□ No
								☐ Yes
3.	expenses of	enses include f people other tl d your depende	han $_{\square}$	No Yes				
Est exp	imate your ex		our bankru	y Expenses ıptcy filing date unless y y is filed. If this is a supp				
the		n assistance and		government assistance in Iuded it on <i>Schedule I:</i> Y			Your exp	enses
•		•						
4.		r home owners ad any rent for the		ses for your residence. In r lot.	nclude first mortgage	4.	\$	1,250.00
	If not includ	ed in line 4:						
		state taxes				4a.	·	0.00
	•	rty, homeowner's				4b.	:	0.00
		maintenance, re owner's associat		pkeep expenses		4c. 4d.	\$ \$	0.00
5.				ur residence, such as ho	me equity loans	4a. 5.	·	0.00 0.00

otor 1 Annette	Elaine Easterbrook	Case num	nber (if known)	
Utilities:				
6a. Electricity,	heat, natural gas	6a.	\$	200.00
6b. Water, sev	ver, garbage collection	6b.	\$	50.00
6c. Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	65.00
6d. Other. Spe		6d.	\$	0.00
	ekeeping supplies		\$	400.00
	children's education costs		\$	0.00
	ry, and dry cleaning		\$	0.00
	products and services	10.	· ·	0.00
Medical and de		11.		250.00
	Include gas, maintenance, bus or train fare.		Ψ	230.00
Do not include c		12.	\$	200.00
	clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	ributions and religious donations	14.	\$	0.00
Insurance.	······································		·	
	surance deducted from your pay or included in lines 4 or 20.			
15a. Life insura		15a.	\$	0.00
15b. Health ins	urance	15b.	\$	0.00
15c. Vehicle in:	surance	15c.	\$	120.00
15d. Other insu	rance. Specify:	15d.	\$	0.00
Taxes. Do not in	clude taxes deducted from your pay or included in lines 4 or 2	20.		
Specify:	γ.,	16.	\$	0.00
Installment or le	ease payments:			
17a. Car paymo	ents for Vehicle 1	17a.	\$	0.00
17b. Car paymo	ents for Vehicle 2	17b.	\$	0.00
17c. Other. Spe	ecify:	17c.	\$	0.00
17d. Other. Spe		17d.	\$	0.00
	of alimony, maintenance, and support that you did not re		*	-
	your pay on line 5, Schedule I, Your Income (Official Forn		\$	0.00
Other payments	s you make to support others who do not live with you.	•	\$	0.00
Specify:		19.		
	erty expenses not included in lines 4 or 5 of this form or o			
	s on other property	20a.	·	0.00
20b. Real estat	e taxes	20b.	\$	0.00
20c. Property, I	nomeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenar	ice, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeown	er's association or condominium dues	20e.	\$	0.00
Other: Specify:	Storage unit	21.	+\$	75.00
Tax withholdi	ng from unemployment		+\$	253.70
Calculate your	monthly expenses			
22a. Add lines 4			\$	2,863.70
	2 (monthly expenses for Debtor 2), if any, from Official Form 1	106.1-2	\$	2,000.10
		.000 2	·	0.000.70
∠∠c. Add line 22	a and 22b. The result is your monthly expenses.		\$	2,863.70
Calculate your	monthly net income.			
	12 (your combined monthly income) from Schedule I.	23a.	\$	1,569.50
	monthly expenses from line 22c above.	23b.	-\$	2,863.70
1,7,7	- '			
23c. Subtract y	our monthly expenses from your monthly income.			4 00 4 00
	is your monthly net income.	23c.	\$	-1,294.20
For example, do yo	an increase or decrease in your expenses within the year ou expect to finish paying for your car loan within the year or do you exterms of your mortgage?			or decrease because of
■ Yes.	Explain here: Debtor anticipates returning to work in	n November 20	19 with previou	s employer.

■ Yes. Explain here: Debtor anticipates returning to work in November 2019 with previous employer.

Fill in this inform	ation to identify your	case:			
Debtor 1	Annette Elaine E	asterbrook			
	First Name	Middle Name	Last Name		
Debtor 2	E AN	AC. III AI			
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ban	kruptcy Court for the:	SOUTHERN DISTRICT	OF GEORGIA		
Case number					
(if known)					☐ Check if this is an
					amended filing
Official Form	106Dec				
		an Individual	Debtor's Sc	hadulas	4045
Deciarati	Oli About a	<u> </u>	Depioi 3 30	ileuules	12/15
years, or both. 18	or property by fraud i U.S.C. §§ 152, 1341, 1 Below		ruptcy case can result i	n fines up to \$250,000	), or imprisonment for up to 20
Did you pay	or agree to pay some	eone who is NOT an attor	ney to help you fill out b	eankruptcy forms?	
■ No					
— □ Yes. Na	ame of person			Attach Rank	ruptcy Petition Preparer's Notice,
☐ 163. No					and Signature (Official Form 119)
					,
	y of perjury, I declare true and correct.	that I have read the sum	mary and schedules file	d with this declaration	n and
X /s/ Anne	ette Elaine Easterbi	ook	X		
	Elaine Easterbroo		Signature of	Debtor 2	
Signature	of Debtor 1		-		
Date O	ctober 4, 2019		Date		

		nation to identify you				
De	btor 1	Annette Elaine E	Easterbrook  Middle Name	Last Name		
1	btor 2	First Name	Middle News	Last Name		
(Sp	ouse if, filing)	First Name	Middle Name	Last Name		
Un	ited States Bar	nkruptcy Court for the:	SOUTHERN DISTRICT C	OF GEORGIA		
1	nown)				_	Check if this is an mended filing
	fficial Fo		Affairs for Individ	duals Filing for B	ankruptcy	4/19
info	ormation. If m	ore space is needed, n). Answer every que	attach a separate sheet to stion.	this form. On the top of an	equally responsible for sup y additional pages, write you	
Pa	rt 1: Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1.	What is your	r current marital statu	ıs?			
	☐ Married					
	Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	□ No					
	Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live nov	I.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
	8515 North Pensacola	n Palafox ı, FL 32534	From-To: <b>2017 to April</b> <b>2018</b>	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
	es and territori  No Yes. Ma	es include Arizona, Ca	lifornia, Idaho, Louisiana, Ner hedule H: Your Codebtors (Of	vada, New Mexico, Puerto R	ity property state or territor ico, Texas, Washington and V	
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No ■ Yes. Fill	in the details.				
	· · · ·		Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions
_				exclusions)	_	and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$59,282.18	☐ Wages, commissions, bonuses, tips	
			Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

		Debtor 1		Debtor 2		
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inco		Gross income (before deductions and exclusions)
	calendar year: 1 to December 31, 2018)	☐ Wages, commissions, bonuses, tips	\$4,050.00	☐ Wages, complete Wages, tips	missions,	
		Operating a business		☐ Operating a b	ousiness	
		■ Wages, commissions, bonuses, tips	\$48,679.00	☐ Wages, comi bonuses, tips	missions,	
		☐ Operating a business		Operating a b	ousiness	
	calendar year before that: 1 to December 31, 2017)	☐ Wages, commissions, bonuses, tips	\$115,140.00	☐ Wages, complete Department Dep	missions,	
		Operating a business		☐ Operating a b	ousiness	
and o winni List e	other public benefit payment ings. If you are filing a joint o	ether that income is taxable. Ex- s; pensions; rental income; inte- ease and you have income that income that income from each source separa	rest; dividends; money collect you received together, list it o	eted from lawsuits; ronly once under De	royalties; and btor 1.	
		Debtor 1		Debtor 2		
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inco Describe below.		Gross income (before deductions and exclusions)
	nuary 1 of current year unt you filed for bankruptcy:	il Unemployment	\$730.00			
•	Debtor 1's or Debtor  No. Neither Debtor 1 noi individual primarily for  During the 90 days be  No. Go to line  Yes List below paid that not include  * Subject to adjustme  Yes. Debtor 1 or Debtor 2 During the 90 days be  No. Go to line  Yes List below paid that not include  List below include p	w each creditor to whom you pa creditor. Do not include paymen de payments to an attorney for t ent on 4/01/22 and every 3 year or both have primarily consu efore you filed for bankruptcy, d	ar debts?  umer debts. Consumer debte old purpose."  id you pay any creditor a total id a total of \$6,825* or more nots for domestic support oblighis bankruptcy case. It is after that for cases filed on umer debts.  id you pay any creditor a total id a total of \$600 or more and	il of \$6,825* or mor in one or more payi gations, such as chi or after the date of il of \$600 or more?	e? ments and the ild support and fadjustment.	e total amount you d alimony. Also, do
Cre	ditor's Name and Address	Dates of payme	ent Total amount paid	Amount you still owe	Was this pa	yment for
			pulu	J J		

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	■ No								
	☐ Yes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment			
В.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	any property on a	ccount of a de	ebt that benefited an			
	■ No								
	Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount	Amount you		this payment			
			paid	still owe	Include credi	tor's name			
Par	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures							
	List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.	cases, small claims action	s, divorces, collectic	n suits, paternity a	ctions, support	or custody			
	Case title Case number	Nature of the case	Court or agency		Status of the	e case			
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	hed, attached	, seized, or levied?			
	Creditor Name and Address	<b>Describe the Property</b>		Date		Value of the			
		Explain what happened	d			property			
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.		luding a bank or fii	nancial institution	, set off any a	mounts from your			
	Creditor Name and Address	Describe the action the	creditor took	Date taken	action was	Amount			
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a  No Yes		erty in the possess			fit of creditors, a			
Par	rt 5: List Certain Gifts and Contributions								
	Within 2 years before you filed for bankrup	otcv. did vou give any gift	s with a total value	of more than \$60	0 per person?	,			
٠.	■ No	, , g un, gnu	3 10131 14140						
	Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the g	s you gave ifts	Value			
	Person to Whom You Gave the Gift and Address:								

14.	Within 2 years before you filed for bankrupt  ■ No			s with a tota	l value of more than	\$600 to any charity?				
	Yes. Fill in the details for each gift or cont Gifts or contributions to charities that tota more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		on.  Describe what you contributed		Dates you contributed	Value				
Pai	tt 6: List Certain Losses									
15.	Within 1 year before you filed for bankrupto or gambling?	y or	since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	t, fire, other disaster				
	■ No □ Yes. Fill in the details.									
	how the loss occurred	clude	be any insurance coverage for the log the amount that insurance has paid. Lace claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost				
Pai	t 7: List Certain Payments or Transfers									
16.	Within 1 year before you filed for bankruptc consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition prep	parir	ng a bankruptcy petition?			rty to anyone you				
	Yes. Fill in the details.									
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		Description and value of any proper transferred	Date payment or transfer was made	Amount of payment					
	Narmore Law Office LLC 138 Canal Street Suite 508 Pooler, GA 31322		Chapter 7 attorney fee (\$750) a counseling (\$20)	October 4, 2019	\$770.00					
17.	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo	rs o	r to make payments to your creditors		or transfer any prope	rty to anyone who				
	■ No □ Yes. Fill in the details.									
	Person Who Was Paid Address		Description and value of any proper transferred	erty	Date payment or transfer was made	Amount of payment				
18.										
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made				
	Person's relationship to you		4000 F			0				
	Randy Burleson  Former Fiance		1996 Ford F150 (V6, RWD). Purchased together in March 2019 for \$1,750. Debtor transferred title into his name upon separation.			September 2019				

19.		hin 10 years before you filed for bankrup neficiary? (These are often called asset-pro No		y property to	a self-settle	d trust or similar device	of wh	ich you are a	
		Yes. Fill in the details.							
	Na	me of trust	Description and v	Description and value of the property transferred					
Par	t 8:	List of Certain Financial Accounts, Ins	struments, Safe Deposit	Boxes, and	Storage Unit	es			
20.	sol Inc	hin 1 year before you filed for bankruptcy d, moved, or transferred? lude checking, savings, money market, o uses, pension funds, cooperatives, assoc	or other financial accour	nts; certificate	es of deposi				
		No							
		Yes. Fill in the details.							
		me of Financial Institution and Idress (Number, Street, City, State and ZIP de)	Last 4 digits of account number	Type of acc instrument	ount or	Date account was closed, sold, moved, or transferred	be	Last balance fore closing or transfer	
21.		you now have, or did you have within 1 y h, or other valuables?	ear before you filed for	bankruptcy,	any safe de	posit box or other depo	sitory f	or securities,	
		No Yes. Fill in the details.							
		me of Financial Institution Idress (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		Describe	the contents		o you still ave it?	
22.	Hav	ve you stored property in a storage unit o	or place other than your	home within	1 year befor	re you filed for bankrup	tcy?		
		No							
		Yes. Fill in the details.							
		me of Storage Facility Idress (Number, Street, City, State and ZIP Code)	to it?	Address (Number, Street, City,		Describe the contents		Do you still have it?	
	11	ster's house 61 Sawmill Road natom, AL	Unit located at shome. Sister do own the unit. M payment on uni \$75.00.	oes not lonthly	Dishes, pictures	clothes, family		] No ■ Yes	
Par	t 9:	Identify Property You Hold or Control	for Someone Else						
23.		you hold or control any property that sor someone.	meone else owns? Inclu	ıde any prope	erty you bor	rowed from, are storing	for, or	hold in trust	
		No Yes. Fill in the details.							
		vner's Name Idress (Number, Street, City, State and ZIP Code)		(Number, Street, City, State and ZIP		the property		Value	
Par	t 10	Give Details About Environmental Info	ormation						
For	the	purpose of Part 10, the following definition	ons apply:						

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used

	to own, operate, or utilize it, including disposal sites.						
		ardous material means anything an env ardous material, pollutant, contaminant,		s wa	ste, hazardous substance, toxic s	substance,	
Rep	ort a	III notices, releases, and proceedings the	at you know about, regardless of when	n the	ey occurred.		
24.	Has	any governmental unit notified you that	you may be liable or potentially liable	unc	ler or in violation of an environm	ental law?	
■ No							
		Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice	
25. Have you notified any governmental unit of any release of hazardous material?							
		No Yes. Fill in the details.					
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice	
26.	Hav	e you been a party in any judicial or adn	,	ironr	mental law? Include settlements	and orders.	
	_						
		No Yes. Fill in the details.					
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ture of the case	Status of the case	
		City Date its Alexand Varya Business and	ŕ				
Pal		Give Details About Your Business or	Connections to Any Business				
27.	Witl	hin 4 years before you filed for bankrupt		•		/ business?	
		☐ A sole proprietor or self-employed i	n a trade, profession, or other activity,	eith	er full-time or part-time		
		A member of a limited liability comp	any (LLC) or limited liability partnershi	ip (L	LP)		
		☐ A partner in a partnership					
		☐ An officer, director, or managing ex	ecutive of a corporation				
		☐ An owner of at least 5% of the voting	g or equity securities of a corporation				
		No. None of the above applies. Go to F	Part 12.				
		Yes. Check all that apply above and fill	in the details below for each business	s.			
		siness Name	Describe the nature of the business		Employer Identification numbe		
		dress mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security  Dates business existed	number or IIIN.	
		ama Net's Auto Sales, LLC	Used Car Sales		EIN: 47-3708114		
		37 Avalon Blvd Iton, FL 32583			From-To 2015-2018		
28.	<ol> <li>Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.</li> </ol>						
		No					
		Yes. Fill in the details below.					
	Na	me	Date Issued				

(Number, Street, City, State and ZIP Code)

A	ame ddress lumber, Street, City, State and ZIP Code)	Date Issued	
6	xcon Corporation Holdings Inc 373 Simpson Drive Iilton, FL 32570		_
Part 1	2: Sign Below		
are true with a l I8 U.S.	e and correct. I understand that making		I declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
Anne	tte Elaine Easterbrook ture of Debtor 1	Signature of Debtor 2	
Date	October 4, 2019	Date	
Did you ■ No □ Yes	u attach additional pages to <i>Your Statei</i>	ment of Financial Affairs for Individuals Fill	ing for Bankruptcy (Official Form 107)?
Did you ■ No	u pay or agree to pay someone who is r	ot an attorney to help you fill out bankrupt	cy forms?
⊐ Yes	Name of Person Attach the Bank	ruptcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).

Fill in this inform	mation to identify your	case:				
Debtor 1	Annette Elaine Ea	sterbrook				
	First Name	Middle Name		Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name		
	ankruptcy Court for the:	SOUTHERN DIST	TRICT OF G			
Officed States Ba	inkrupicy Court for the.	300 TIERN DIST	TRICT OF C	ILONGIA		
Case number _ (if known)						☐ Check if this is an amended filing
Official Fo		n for Indiv	,iduals	s Eiling Undor Ch	antoi	. 7
Statemen	it of intentio	n for marv	riuuais	s Filing Under Ch	iaptei	12/15
If you are an indi	ividual filing under cha	pter 7, you must fil	I out this fo	orm if:		
_	e claims secured by yo					
You must file thi	ever is earlier, unless th	ithin 30 days after	you file yo	ur bankruptcy petition or by the ause. You must also send copi		
	eople are filing together and date the form.	in a joint case, bo	oth are equa	ally responsible for supplying c	orrect info	ormation. Both debtors must
	and accurate as possib our name and case nur		s needed, a	ttach a separate sheet to this fo	orm. On th	e top of any additional pages,
Part 1: List Yo	our Creditors Who Have	e Secured Claims				
1. For any credit information be		art 1 of Schedule D	: Creditors	Who Have Claims Secured by	Property (	Official Form 106D), fill in the
Identify the cr	editor and the property the	hat is collateral	What do secures	you intend to do with the proper a debt?	erty that	Did you claim the property as exempt on Schedule C
Creditor's C	Chrysler Capital		Surre	nder the property.		■ No
name:				n the property and redeem it.		_
Description of	2019 Dedge Dem T			the property and enter into a		☐ Yes
property	2018 Dodge Ram T	ruck	_	firmation Agreement.  In the property and [explain]:		
securing debt:			— Retail	The property and [explain].		
For any unexpire in the information	n below. Do not list rea	ase that you listed Il estate leases. Un	expired lea	e G: Executory Contracts and Uses are leases that are still in edoes not assume it. 11 U.S.C. §	effect; the	lease period has not yet ended
Describe your u	inexpired personal proj	perty leases			١	Will the lease be assumed?
		,				_
Lessor's name: Description of lea	ased					□ No
Property:					i	□ Yes
Lessor's name:					ı	□ No
Description of lea	ased					_
Property:						☐ Yes
Lessor's name:					ı	□ No
Official Form 108		Statement of In	tention for	Individuals Filing Under Chapte	er 7	pag

page 1

### Case:19-41402-EJC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:51 of 62

Deb	tor 1	Annette Elaine Easterbrook	Case number (if known)
	criptior perty:	of leased	T v.
1 10	ocity.		☐ Yes
	sor's na		□ No
	cription perty:	of leased	☐ Yes
			_ 163
	sor's na	ame: a of leased	□ No
	erty:	i oi leaseu	☐ Yes
	sor's na cription	ame: of leased	□ No
	perty:		☐ Yes
Less	sor's na	ame.	□ No
		of leased	□ NO
Prop	erty:		☐ Yes
Part	3: 8	Sign Below	
		alty of perjury, I declare that I have indicated my at is subject to an unexpired lease.	intention about any property of my estate that secures a debt and any personal
Χ		nnette Elaine Easterbrook	X
		ette Elaine Easterbrook	Signature of Debtor 2
	Signa	ture of Debtor 1	
	Date	October 4, 2019	Date

Fill in	this information to identify your case:			irected in this form and	in Form
Debt	Annette Elaine Easterbrook		2A-1Supp:		
Debte (Spous	or 2 ee, if filing)		1. There is no presi	umption of abuse	
Unite	d States Bankruptcy Court for the: Southern District of	f Georgia [	applies will be m	o determine if a presun nade under <i>Chapter 7 I</i>	•
Case (if know	number			icial Form 122A-2).	
(II KIIO)	vii)			does not apply now be service but it could ap	
			☐ Check if this is a	n amended filing	
Offi	cial Form 122A - 1				
Cha	apter 7 Statement of Your Cur	rent Monthly Inc	ome		12/15
attach case n	complete and accurate as possible. If two married people at a separate sheet to this form. Include the line number to whomber (if known). If you believe that you are exempted from ring military service, complete and file Statement of Exempted.  Calculate Your Current Monthly Income	hich the additional information a n a presumption of abuse becau	ipplies. On the top of ar se you do not have prin	ny additional pages, writ narily consumer debts o	e your name and r because of
	What is your marital and filing status? Check one only	ly.			
	☐ Not married. Fill out Column A, lines 2-11.				
	☐ Married and your spouse is filing with you. Fill our	t both Columns A and B, lines	2-11.		
	$\square$ Married and your spouse is NOT filing with you. Y	ou and your spouse are:			
	☐ Living in the same household and are not legal	Ily separated. Fill out both Col	lumns A and B, lines 2	<u>?</u> -11.	
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading	gally separated under nonban	kruptcy law that applie	es or that you and your	
10 <sup>o</sup>	I in the average monthly income that you received from all s 1(10A). For example, if you are filing on September 15, the 6-mo 6 months, add the income for all 6 months and divide the total louses own the same rental property, put the income from that property.	onth period would be March 1 throu by 6. Fill in the result. Do not includ	ugh August 31. If the amode any income amount m	ount of your monthly incomore than once. For examp	ne varied during le, if both
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and commissions (before all	\$	\$	
	<b>Alimony and maintenance payments.</b> Do not include   Column B is filled in.	payments from a spouse if	\$	\$	
	All amounts from any source which are regularly pains of you or your dependents, including child support. If you are unmarried partner, members of your household, and roommates. Include regular contributions from a spetilled in. Do not include payments you listed on line 3.	Include regular contributions, your dependents, parents,	\$	\$	
5.	Net income from operating a business, profession, o				
		Debtor 1			
	Gross receipts (before all deductions)	\$			
	Ordinary and necessary operating expenses	· — • •	\$	\$	
	Net monthly income from a business, profession, or farn Net income from rental and other real property	n \$	Ψ	Ψ	
6.	Net income from rental and other real property	Debtor 1			
	Gross receipts (before all deductions)	\$			
	Ordinary and necessary operating expenses	<b>-\$</b>			
	Net monthly income from rental or other real property	\$ Copy here ->	\$	\$	
	Interest, dividends, and royalties		\$	\$	
• • •					

Official Form 122A-1

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Debtor 1 Annette Elaine Easterbrook Case number (if known)

			Column A		Column B	
			Debtor 1		Debtor 2 or non-filing sp	
8. Unemployment compensation			\$		\$	
Do not enter the amount if you contend that the amount received was the Social Security Act. Instead, list it here:  For you\$		der				
For you \$  For your spouse \$  Page 100 On the standard of the						
Pension or retirement income. Do not include any amount received benefit under the Social Security Act.	that was a		\$		\$	
10. Income from all other sources not listed above. Specify the source Do not include any benefits received under the Social Security Act or preceived as a victim of a war crime, a crime against humanity, or intern domestic terrorism. If necessary, list other sources on a separate page total below.	Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the			\$\$_		
			\$		\$	
Total amounts from separate pages, if any.		+	\$		\$	
11. Calculate your total current monthly income. Add lines 2 through 1 each column. Then add the total for Column A to the total for Column				+ \$		= \$
			J			Total current monthly income
Part 2: Determine Whether the Means Test Applies to You						
42. Calculate your august monthly income for the year. College these	otono.					
12. Calculate your current monthly income for the year. Follow these s	•		Canu	line 44 h		
12a. Copy your total current monthly income from line 11			Сору	ine ii n	ere=>	\$
Multiply by 12 (the number of months in a year)						<b>x</b> 12
12b. The result is your annual income for this part of the form					12b.	\$
13. Calculate the median family income that applies to you. Follow the	ese steps:					
Fill in the state in which you live.						
Fill in the number of people in your household.						
Fill in the median family income for your state and size of household.					13.	\$
To find a list of applicable median income amounts, go online using th for this form. This list may also be available at the bankruptcy clerk's c		ied i	in the separat	e instructi	ons	
14. How do the lines compare?						
14a. ☐ Line 12b is less than or equal to line 13. On the top of paç Go to Part 3.	ge 1, check l	box	1, There is no	o presump	otion of abuse	
14b. Line 12b is more than line 13. On the top of page 1, check Go to Part 3 and fill out Form 122A-2.	k box 2, The	pre	esumption of a	abuse is d	etermined by	Form 122A-2.
Part 3: Sign Below						
By signing here, I declare under penalty of perjury that the inform	nation on this	sta	atement and ir	n any atta	chments is tru	e and correct.
X /s/ Annette Elaine Easterbrook						
Annette Elaine Easterbrook Signature of Debtor 1						
Date October 4, 2019 MM / DD / YYYY						
If you checked line 14a, do NOT fill out or file Form 122A-2.						
If you checked line 14b, fill out Form 122A-2 and file it with this fo	orm.					

Official Form 122A-1

Fill	in this in	forma	ation to identify your case:			
Deb	tor 1	Ar	nnette Elaine Easterbrook			
	tor 2 ouse, if fili	ng)				
Unit	ed States	Bank	ruptcy Court for the: Southern District of Georgia			
	e number nown)			☐ Check if thi	is is an amended filing	
			m 122A - 1Supp of Exemption from Presumption of A	ouse Und	ler § 707(b)(2)	12/15
exen exclu equ	npted from usions in ired by 1	m a p this s 1 U.S.	nt together with Chapter 7 Statement of Your Current Monthly In resumption of abuse. Be as complete and accurate as possible. statement applies to only one of you, the other person should co. § 707(b)(2)(C).	two married pe	eople are filing together, and any	of the
Par	lc lc	lentify	y the Kind of Debts You Have			
1.	personal	, fami	ts primarily consumer debts? Consumer debts are defined in 11 U.ly, or household purpose." Make sure that your answer is consistenting for Bankruptcy (Official Form 1).			
			Form 122A-1; on the top of page 1 of that form, check box 1, <i>There</i> lement with the signed Form 122A-1.	no presumption	of abuse, and sign Part 3. Then su	bmit this
	☐ Yes.		5			
Part	2: D	etern	nine Whether Military Service Provisions Apply to You			
2.	Are you	a dis	abled veteran (as defined in 38 U.S.C. § 3741(1))?			
	☐ No.	Go to	line 3.			
		•	ou incur debts mostly while you were on active duty or while you wer S.C. § 101(d)(1); 32 U.S.C. § 901(1).	performing a hor	meland defense activity?	
		No.	Go to line 3.			
		Yes.	Go to Form 122A-1: on the top of page 1 of that form, check box 1, submit this supplement with the signed Form 122A-1.	ere is no presui	<i>mption of abuse</i> , and sign Part 3. TI	nen
3.	Are you	or ha	ive you been a Reservist or member of the National Guard?			
	□ No.	Con	nplete Form 122A-1. Do not submit this supplement.			
	☐ Yes.	Wer	re you called to active duty or did you perform a homeland defense a	/ity? 10 U.S.C. §	§ 101(d)(1); 32 U.S.C. § 901(1).	
		No.	Complete Form 122A-1. Do not submit this supplement.			
		Yes.	Check any one of the following categories that applies:			
		_	I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.	122A-1. On th The Means Te	d one of the categories to the left, greet top of page 1 of Form 122A-1, chest does not apply now, and sign Page 1	eck box 3, art 3. Then
			I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case.	are not require during the exc	pplement with the signed Form 122 ed to fill out the rest of Official Form clusion period. The exclusion period are on active duty or are performing	122A-1 means
			I am performing a homeland defense activity for at least 90 day		ense activity, and for 540 days after	
			I performed a homeland defense activity for at least 90 days, ending on, which is fewer than 540 days before file this bankruptcy case.	If your exclusion	on period ends before your case is to file an amended form later.	closed,

Official Form 122A-1Supp

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$24	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$33	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

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### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy\_fo

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case:19-41402-EJC Doc#:1 Filed:10/04/19 Entered:10/04/19 15:39:41 Page:59 of 62

### **United States Bankruptcy Court** Southern District of Georgia

	500	utilet in District of Georgi	<b></b>		
In	re Annette Elaine Easterbrook	Debtor(s)	Case No Chapter	. 7	
		Debtor(s)	Chapter		
	DISCLOSURE OF COMPE	ENSATION OF ATTO	RNEY FOR I	DEBTOR(S)	
1.	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the fill be rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy	, or agreed to be pa	d to me, for services rendered of	or to
	For legal services, I have agreed to accept		\$	750.00	
	Prior to the filing of this statement I have received			750.00	
	Balance Due			0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed com	pensation with any other persor	n unless they are me	mbers and associates of my law	firm.
•	-		-	•	
	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the name of the agreement.				A
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspec	ets of the bankruptcy	case, including:	
	<ul> <li>a. Analysis of the debtor's financial situation, and rend</li> <li>b. Preparation and filing of any petition, schedules, state.</li> <li>c. Representation of the debtor at the meeting of credit</li> </ul>	atement of affairs and plan which	h may be required;		
	<ul> <li>d. [Other provisions as needed]         <ul> <li>Prepare all pleadings necessary to corequired amendments.</li> <li>Attend meeting of creditors and representations.</li> </ul> </li> </ul>			-	_
	as noted below).	-	3		
	<ul> <li>Assist in any desired reaffirmation or</li> <li>Prepare motions to avoid any judgme</li> </ul>		cured by househo	old goods.	
	- Communicate with creditors, when no - Any other work reasonably related to	ecessary to enforce automa	atic stay or return	of property.	
6.	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any d			ry proceeding.	
		CERTIFICATION	,	, p. 0000ag.	
this	I certify that the foregoing is a complete statement of a bankruptcy proceeding.		or payment to me for	representation of the debtor(s)	in
		/ / L (C)			
-	October 4, 2019  Date	/s/ Jeff Narmore Jeff Narmore 412	2079		
	<del></del>	Signature of Attorn	ey		
		NARMORE LAW 138 Canal Street			
		Suite 508	L Comment		
		Pooler, GA 3132	2		
		(912) 454-2329	_		
		jeff@nlosav.com	1		
		Name of law firm			

ANNETTE ELAINE EASTERBROOK 450 AL HENDERSON BOULEVARD APARTMENT 3707 SAVANNAH GA 31419 BANK OF AMERICA P.O. BOX 15284 WILMINGTON DE 19850 CAREPAYMENT CUSTOMER CAR 5300 MEADOWS ROAD, SUITE 32 LAKE OSWEGO OR 97035

JEFF NARMORE NARMORE LAW OFFICE LLC 138 CANAL STREET SUITE 508 POOLER, GA 31322 BANK OF AMERICA P.O. BOX 25118 TAMPA FL 33622-5118

CHRYSLER CAPITAL PO BOX 961245 FORT WORTH TX 76161

ADVANCE PROFESSIONAL P.O. BOX 742063 ATLANTA GA 30374-2063 BAPTIST HEALTH CARE CLIENT SERVICES, INC. CORPORATE PATIENT FINANCIAL SERV**825**\$ HARRY S. TRUMAN BLVD 100 WEST GARDEN STREET, SUITE 200SAINT CHARLES MO 63301-4047 PENSACOLA FL 32502

AGA P.O. BOX 9090 MELVILLE NY 11747 BAPTIST HEALTH CARE PO BOX 9197 CORAL SPRINGS FL 33075-9197

P O BOX 2127 NORCROSS GA 30091-2127

COMCAST/XFINITY

ALABAMA DEPARTMENT OF LABOR 649 MONROE STREET, ROOM 4676 MONTGOMERY AL 36131-4200

BBVA COMPASS 3200 WILCREST SUITE 600 HOUSTON TX 77042-6000 COX BUSINESS P.O. BOX 1259, DEPT. 130413 OAKS PA 19456

ALPHA RECOVERY GROUP 6912 S. QUENTIN STREET UNIT 10 CENTENNIAL CO 80112 BECK PARTNERS 151 WEST MAIN STREET SUITE 200 PENSACOLA FL 32502 COX COMMUNICATIONS 7401 FLORIDA BOULEVARD BATON ROUGE LA 70806

AMERICA'S AA PENSACOLA 6615 MOBILE HWY PENSACOLA FL 32526 BRIAN PEDICORD CREDIT FIRST N C/O AXCON CORPORATION HOLDINGS PNO. BOX 81410 6373 SIMPSON DRIVE CLEVELAND OH 4 MILTON FL 32570

CREDIT FIRST NATIONAL ASSOC FNO. BOX 81410 CLEVELAND OH 44181-0410

ASGHAR ALI 151 W MAIN STREET SUITE 200 PENSACOLA FL 32502 CAPITAL ONE BANK (USA) NA ATTN.: BANKRUPTCY P.O. BOX 30285 SALT LAKE CITY UT 84130-0285 EASTERN ACCOUNT SYSTEM O**(**N)
3 CORPORATE DRIVE
SUITE 2
DANBURY CT 06810-4166

AXCON CORPORATION HOLDINGS INC CAPITAL ONE BANK USA NA 6373 SIMPSON DRIVE PO BOX 30281 MILTON FL 32570 SALT LAKE CITY UT 84130-0281

ECC AND ASSOCIATES
26 RAILROAD AVENUE, SUITE 11
BABYLON NY 11702

EMERALD COAST UTILITIES AUTHORITHUNTER WARFIELD ATTN.: BANKRUPTCY P.O. BOX 18870

PENSACOLA FL 32523-8870 PO BOX 1022

WIXOM MI 48393-1022

PEARL CAPITAL ATTN.: UNDERWRITING / BANKRU

ATTN.: UNDERWRITING / BANKRU
100 WILLIAM STREET, SUITE 900
NEW YORK NY 10038

NEW YORK NY 10038

FINGERHUT

ATTN.: BANKRUPTCY 6250 RIDGEWOOD ROAD SAINT CLOUD MN 56303

INTERNAL REVENUE SERVICE

PO BOX 7346

PHILADELPHIA PA 19101-7346

PENSACOLA PATHOLOGISTS, P.

5700 SOUTHWYCK BLVD TOLEDO OH 43614-1509

FIRST DATA GLOBAL LEASING ATTN.: BANKRUPTCY 5565 GLENRIDGE CONNECTOR, SUITE 25040NT CLOUD MN 56303

JEFFERSON CAPITAL SYSTEM

16 MCLELAND ROAD

POLISHING SYSTEMS INC.

114 EDGE AVENUE **NICEVILLE FL 32578** 

ATLANTA GA 30342

FIRST FINANCIAL ASSET MGMT, INC. MANHEIM 3091 GOVERNORS LAKE DRIVE, SUITE **500**0 BOX 105511

NORCROSS GA 30071 ATLANTA GA 30348 PROFESSIONAL ACCOUNT MANA. COLLECTION SERVICES DIVISION

PO BOX 391

MILWAUKEE WI 53201-9923

GEORGIA DEPARTMENT OF REVENUE MARK DAVIS

COMPLIANCE DIVISION, ARCS BANKRURTOYAXCON CORPORATION HOLDINGS 1256. WEST DATA DRIVE 1800 CENTURY BLVD NE SUITE 9100 MILTON FL 32570

ATLANTA GA 30345-3202

PROGRESSIVE LEASING, LLC

DRAPER UT 84020

GULF BREEZE HOSPITAL

P.O. BOX 17106

PENSACOLA FL 32522-7106

MCCARTHY, BURGESS & WOLFF, INC. QUEST DIAGNOSTICS

26000 CANNON ROAD P.O. BOX 7306

CLEVELAND OH 44146 **HOLLISTER MO 65673-7306** 

GULF COAST COLLECTION BUREAU MEDICAL REVENUE SERVICE

PO BOX 21509

SARASOTA FL 34276-4509

645 WALNUT STREET

SUITE 5

GADSDEN AL 35902

RADIUS GLOBAL SOLUTIONS LL

P.O. BOX 390846

MINNEAPOLIS MN 55439

GULF POWER

ONE ENERGY PLACE

PENSACOLA FL 32520-0037

OPTIM HEALTH PO BOX 14099

BELFAST ME 04915

REHMAN ALI

151 W. MAIN STREET

SUITE 200

PENSACOLA FL 32502

HEADWAY CAPITAL 175 W. JACKSON BLVD

SUITE 1000

CHICAGO IL 60604

P O BOX 14099

BELFAST ME 04915

OPTIM ORTHOPEDICS LLC SEQUIUM ASSET SOLUTIONS, L 1130 NORTHCHASE PKWY, SUITES

MARIETTA GA 30067

SJC MEDICAL GROUP INC. 1374 S. BABCOCK STREET MELBOURNE FL 32901-3009

ST. JOSEPH'S/CANDLER DEPT. 2439 PO BOX 11407 BIRMINGHAM AL 35246-2439

SYNCB/JC PENNEY PO BOX 965007 ORLANDO FL 32896-5007

US DEPARTMENT OF EDUCATION 2401 INTERNATIONAL PO BOX 7859 MADISON WI 53704

VERIZON PO BOX 4001 ACWORTH GA 30101